

MINUTES
Standardization Committee
Friday, March 12, 2004

Balog Stephen, RN, DASS
Chandler-Axelrod, Karen, RN, Nursing
Daine, Virginia, RN, Nursing
Eldridge, Lawrence, Chair, OD
Feigenbaum, Kathy, RN, Nsg.
Geyer, Christopher, RN, Nsg.
Price, Mary, RN, Nursing

Kessinger, Theresa, RN, Nursing
Lang, David, MD, Peds.
Martinez, Brenda, RN, Nursing
Ram, David, BIOMED
Row, Chung-Hee, DTM
Taylor, Jerry, RN, MMD
White, Margaret, RN, HES
Woolery-Antill, Myra, RN, Nursing

GUESTS:

Shelburne, Nonniekaye, RN, 2WBMT
Little Patty, RN, CPC
Reynolds, Diana, RN. CPC

Minutes of February 2004 – Approved

COMMITTEE MINUTES: The plan is to get the minutes out to the committee in 10 business days from the meeting. Minutes will be prompt in the future and that will make every ones work easier.

COST IMPLICATION REPORT: For the new members and guests we review these reports every meeting. These are products that have been approved for Inventory. The following new items were reviewed:

- LMA – Laryngeal Mask Airways (Unique)
- Basin, Placenta (DASS)
- PICC Catheters, 4French
- Kit, L-Cath MST
- Kit, Holter

CRC MIDMARK DRESSING NOOK CLARIFICATION: The dressing nook is from MidMark who is the vendor of the new exam tables. This will be in the CRC exam rooms. They pull around the patient and the only thing that can be seen is the patient's feet. Once the patient is done then it pushes back into the cabinet like an accordion effect.

The patient move in date for the new CRC is December 4th 2004. There are four new patient stations turned over to the government. There are 2 on the fifth floor; 2 on the third floor, one is the Intensive Care Unit.

GEMSTAR AMBULATORY PUMP IMPLEMENTATION STATUS: We had a pump meeting on March 11, 2004. Effective Monday, March 15, 2004 the Nurse Managers will be getting an e-mail from Teresa Kessinger. We are going to stop using the PI tool. We will go back to the ORS. Data was collected for three weeks; nursing staff was able to identify the problems. Most were related to the bags and over fill. Bristol Meyers Squibb and Abbott will be doing a trial with the drug in a lab. Brystol Meyer Squibb did 14 studies in their own lab and Dr. Haby is the investigator. We will continue our investigation.

TEMPORAL THERMOMETER PROJECT SUMMARY AND STATUS: Pediatric Oncology Branch has some question about reliability of low temperatures. We are going to do a special study with Exergen who is the manufacturer. Peds Units of 13W, 13ACRF and 9W. Drs. Walsh and Wayne have approved the study to be co-coordinated by Myra Woolery, RN, MSN. We don't need to go to the IRB. This will be a nursing evidenced based research study.

SAFETY HUBER NEEDLE EVALUATION RECOMMENDATION: Three or four different manufactures were evaluated to find the best safety needle. There will be a mini trial by the VAD service, Oncology, 13E, 13W and 12E. A report from the mini trial will be presented.

Q-PUMP EVALUATION RECOMMENDATION: There will be five patients in this trial for incision pain. We will review at the CPC meeting. The drug will be filled on the sterile field in the OR. Usual duration is 2-3 days Post Op. Steve Balog, RN-DASS is contact.

CSA AND TACRO LABELS: 2WBMT would like to use these labels for catheter lumen management. They have been using white tape to have some kind of visual on the catheter lumens. We would like to request a color label, one for each drug. We can get each label pre-typed. Pharmacy and other units are asking why this can't be called a dedicated drug line? Because most of the patients have bacterial infections and there may be other drug lines. You cannot say that there is one dedicated drug line. Color Number 16 which is Aqua for CSA and color number 10 which is Copper for the TACRO. These are totally different colors then we have been using in other areas of the hospital. This will not affect the Guardrails. Accepted, pending the other members comments. Approved.

NEW "T" HANDLE JAMSHIDI BONE MARROW BIOPSY AND ASPIRATION NEEDLE BY CARDINAL HEALTH: Baxter which holds the original patent for the Jamshidi Bone Marrow Needle, which is now Cardinal, is making this change. These needles are very sharp and they have a specific cradle to obtain the specimen. This actually looks like a scoop. This replaces their original line. There will be a letter sent to Physicians with this change.

COMMITTEE MEMBERSHIP RESIGNATION AND ADDITION: Mary Sparks, RN and MaryAnn Border, RN have been rotated with Gina Row, RN and Maggi White, RN.

ARGYLE SALEM SUMP TUBE PROJECT: There has been some discussion over our Salem Sump Tube. The current one is very stiff and not very patient friendly. This also has a product in it, DEHP, which in animal studies has shown to be carcinogenic. The company is asking us to look at a silicone tube which has an extra port and a suction-instillation port just like the other one, but it is not blue its clear. The surgeons have been asked about this particular product and they said they would try it. They like the fact that the pigtail is longer. The current product we have does not have the anti reflux valve. The surgeons prefer that we take this out of circulation permanently. We have identified that there is a user issue with this. When you attach the reflux valve you are supposed to have 10cc of air into the air vent and then pop the part on and this is supposed to serve as an air buffer. The company rep seems to think this is why we don't have good success with the anti reflux valve. The surgeons don't seem to think this will make a difference. This always fails and the part just gets in the way. We are going to trial both of the products by the end of April. There will be inserves for the high end NG Tube users and how they put them in. We will see if this works better. The company says you can put the tube in ice to make it stiffer for use. If in an emergency, keep a few in the refrigerator so there will not be a wait for use. Kathy Feigenbaum, RN is contact

GRAVITY ENTERAL FEEDING PUMP SET-RE-ESTABLISHED: The ENT team has an increased number of patients with Peg tube/feeding pumps. The decision was made to go with the anti reflux tubing and bag which does not allow the patient to use gravity flow. The advantage to gravity flow is two fold. (1)The patient can have hands free infusion of their tube feeding which gives control of speed. If you use a syringe attached to the peg tube you can pour in. (2)If you use the gravity set bag you can hang it up on a pole, they can use the roller clamp to adjust the rate and they can infuse it over 45 minute and be done with it. In the mean time while this is infusing their hands are free. When you use the anti reflux valve they actually have to stretch the tubing to go in and the team felt their patients will not be compliant with the amount of fluid that is required for tube feeding and the amount of water that is also required. These patients do get supplied tubing and bags while they are in the protocol. They also anticipate a new protocol that went through the IRB just recently to increase their number. With this note we would like to request to have the Gravity Flow Feeding Set placed back into Inventory. The other user was the Neuro Group and this was going to be handled with special orders. With the ENT Group special ordering they do not have space to store these specialty bags. MMD is willing to put this back in to Inventory. Approved

MEDRAD MRI-COMPATIBLE SYSTEM: These new pumps are in and we are ready to do inservices for 2J and 10D. One pump is stationed in 2J and one in 10D for their patients going down to the MRI Scanner. B1 Cardiac MRI has already had inservice and has been using. OR is getting three sets and when there is more money available there will be three more sets ordered. Clinical Center will now have MRI compatible IV systems for the patients. FDA has approved this pump.

RHINOROCKET EVALUATION RECOMMENDATION: This product has been recommended to go into Inventory. This is primarily used by ENT and Neuro Surgery. This is a nasal packing device which is used for emergency situations. There will be three sizes kept in Inventory, small, medium and large. All of the sizes come with string attached to them. The units are 9W, 8W, OR, 2W, 12E and 5W. The nurse managers can request for them to be put in the Pyxis for their use. Approved.

SHILEY TRACH PRODUCT LINE EXPANSION: There has been an increase in the trach line products that we carry in MMD. There already has been a Product Update pertaining to this issue. There will be two more updates sent out with the other two sizes. Instead of doing special orders MMD will be stocking a small amount of each size of Shiley trach tubes.

CEDC WORKBOOK FOR DESIGNING, IMPLEMENTING, AND EVALUATING ASHARPS INJURY PREVENTION PROGRAM: This targets Sharp Injury. This is a publication for the nursing staff. There are web addresses for the different items that have to do with injury and prevention.

DEFIBRILLATOR: All the new Defibrillators by Medtronic Physio Control have been delivered. LifePack 12 and the LifePack 20. Two code blues have used the AED's, 11E, B1 Cafeteria.

NEMSCHOFF CHAIRS: April the procedure chairs will be delivered. The nurse managers will get an e-mail from Jerry letting them know delivery times. These will be for the CRC.

PHILIPS MEDICAL SYSTEMS TRANSPORT MONITORS: In May the new transport monitors will be delivered. The old equipment will be surplus.

MIDMARK EXAM TABLES: In August more Ritter exam tables will be installed in the CRC so they will not have to be moved twice.

Chung-Hee Row brought in a memo that will be circulated, subject being "T3 Test Interference". This is not the official letter, but when they get the official letter they will have MMD send out as a Product Alert.

OCCURENCES OF NOTE: There are no occurrences reported this time.

Next Meeting in Friday, April 9, 2004 @ 11:00am